



Select Payment Type:

Vendor Payment

Reimbursement

\*\* Payments will NOT be processed without *all* required documentation.\*\*

\*\* Reimbursements will NOT be processed without *invoice* and *proof* of payment.\*\*

Input Fund Info:

Date:	Name of Fund:	Fund #:
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Input Vendor Info:

Payable To:	Profile #:
Address:	City, State, Zip:

Input Invoice / Payment Info:

Invoice Number:	Amount: \$
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Description of Expense:

If Vendor Payment:	Need Link to Submit Current Year W-9	Current Year W-9 Already on File
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Expense Type: Select One

<input type="checkbox"/> <b>Administrative</b> <i>Costs not directly associated with your fund's mission. i.e. office supplies, insurance, accounting, legal, etc.</i>	<input type="checkbox"/> <b>Fundraising</b> <i>Costs associated with soliciting others to contribute money to your fund.</i>	<input type="checkbox"/> <b>Program</b> <i>Costs directly related to your fund's mission. <b>For example:</b> Purchase of artwork by a fund that's purpose is to expand the future of art in the community.</i>
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Expense Type: Does this relate to a Special Event?

*A Special Event, meaning an event carried on with a purpose of raising funds.*

Yes  No

Special Event Info:

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Payment Method Options: Select One

Direct Deposit (ACH)  Wire Transfer - \$15 Fee  Check

Bank Account and W-9 Information

*If you select an electronic payment method above OR "Need Link to Submit Current Year W-9", we will follow-up with you about securely submitting this information to The Dallas Foundation.*

Provide Authorization

As the authorized representative of the above-referenced fund, I recommend payment/reimbursement as detailed above:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*By signing this vendor payment recommendation, I represent that, to the best of my knowledge, the expenses and supporting documentation are true and accurate, and support the mission of the organization.*